Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: COZY CARE GROUP HOME (310152) Address: 4218 N 36TH ST, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 02/01/1993

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096656 End Date: 03/13/2006 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011842 Served 04/01/2006

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.05(2)(b)	CLASS A SEMIAMBULATORY (AS)		
83.11(3)(a)	RESPONSIBILITIES		
83.13(2)(a)	JOB QUALIFICATIONS		
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION		
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT		
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT		
83.33(2)(h)2	MEDICAL SERVICES DOCUMENTED IN RECORD		
83.33(4)(a)	PERSONAL CARE		

Survey ID: 0094812 End Date: 05/17/2005 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969

Madison WI 53701-2969

Survey ID: 0094390 End Date: 03/23/2005 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008771 Served 04/04/2005

Deficiencies Cited Subject Area Subject Area Verified

Deficiencies CitedSubject AreaVerifiedCorrected50.065(6)(b)CREDENTIALED CAREGIVERS04/30/2005Yes

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 03/31/2006 SOD #10011842 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

FORFEITURE---83.05(2)(b)

FORFEITURE---83.13(2)(a); 83.221(4)(p)

FORFEITURE---83.19(1)(d)

FORFEITURE---83.33(2)(g)3

FORFEITURE---83.33(4)(a)

Date: 04/01/2005 SOD #10008771 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

RESIDENT RIGHTS

STAFF TRAINING AND PROFICIENCY

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History						
Date Complaint Received: 07/06/2005	Date Investigation Completed: 03/13/2006					
Subject Area(s) RESIDENT RIGHTS MEDICATIONS	Result NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#				
Date Complaint Received: 05/17/2005	Date Investigation Completed: 03/13/2006					
Subject Area(s) SUPERVISION MEDICATIONS	Result NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#				
Date Complaint Received: 03/29/2005	Date Investigation Completed: 03/13/2006					
Subject Area(s)	Result	<u>SOD #</u>				

10011842

SUBSTANTIATED

NOT SUBSTANTIATED